

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No.

1248-38

First Inventor

Perryman et al.

Title

GOLF CLUB SHAFT WITH CONTROLLABLE FEEL AND
BALANCE USING COMBINATION OF FIBER-REINFORCED
PLASTICS AND METAL-COATED FIBER-REINFORCED
PLASTICS

Express Mail Label No.

EM372933328US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)2. Applicant claims small entity status.3. Specification
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

[Total Pages

18]

4. Drawing(s) (35 U.S.C. 113)
 Informal Formal

[Total Sheets

8]

5. Oath or Declaration

[Total Pages

4]

- a. Newly executed (original or copy)
- b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)

i. **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R. §§
1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.7618. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet
under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP)

of prior application No: 09/337,356

Prior application information: Examiner: S. Varma

Group / Art Unit: 3711

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or Correspondence address below

| | | | | | |
|-------------------|---|-----------|----------------|-----------------------------------|-------------------|
| Name | Charles J. Meyer Woodard, Emhardt, Naughton, Moriarty and McNett | | | | |
| Address | Bank One Center/Tower 111 Monument Circle, Suite 3700 | | | | |
| City | Indianapolis | State | IN | Zip Code | 46204-5137 |
| Country | USA | Telephone | (317) 634-3456 | Fax | (317) 637-7561 |
| Name (Print/Type) | Charles J. Meyer | | | Registration No. (Attorney/Agent) | 41,996 |
| Signature | <i>Charles J. Meyer</i> | | | Date | November 27, 2001 |

Express Mail Label Number EM372933328US**Date of Deposit** November 27, 2001

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231.

Lisa M. Kilgore
Signature of person mailing paper or fee

FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Total Amount of Payment (\$ 457.00)

Attorney Docket Number 1248-38

Complete if Known

Application Number

November 27, 2001

Filing Date

Perryman et al.

First Named Inventor

Group Art Unit

Examiner Name

METHOD OF PAYMENT

FEE CALCULATION (continued)

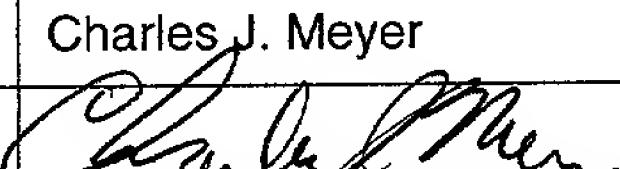
| | |
|--|---|
| 1. <input checked="" type="checkbox"/> | The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: |
| Deposit Account Number | 23-3030 |
| Deposit Account Name | Woodard, Emhardt, Naughton, Moriarty & McNett |
| <input checked="" type="checkbox"/> | Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 |
| <input checked="" type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: | |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | |

3. ADDITIONAL FEES

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|--|-----------------|----------------|-----------------|---|----------|
| 101 | 740 | 201 | 370 | Utility Filing Fee | 370.00 |
| 106 | 330 | 206 | 165 | Design Filing Fee | |
| 107 | 510 | 207 | 255 | Plant Filing Fee | |
| 108 | 740 | 208 | 370 | Reissue Filing Fee | |
| 114 | 160 | 214 | 80 | Provisional Filing Fee | |
| SUBTOTAL (1) (\$ 370.00) | | | | | |
| 2. EXTRA CLAIM FEES | | | | | |
| Total Claims | 25 | -20** = | 5 | X 9 = 45.00 | |
| Independent Claims | 4 | -3** = | 1 | X 42 = 42.00 | |
| Multiple Dependent | | | | = | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid | |
| 109 | 84 | 209 | 42 | **Reissue independent claims over original patent | |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$ 87.00) | | | | | |
| Other Fee (specify) * Reduced by Basic Filing Fee Paid | | | | | |
| SUBTOTAL (3) (\$) | | | | | |

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

| | | | | | |
|-------------------|--|-----------------------------------|--------|-----------|-------------------|
| SUBMITTED BY | | | | | |
| Name (Print/Type) | Charles J. Meyer | Registration No. (Attorney/Agent) | 41,996 | Telephone | (317) 634-3456 |
| Signature |  | | | Date | November 27, 2001 |

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.